

# IMPORTANT NOTICE REGARDING CONVICTIONS

## PLEASE READ CAREFULLY

**Failure to accurately report a conviction is the number one reason an application is denied.**

As part of the CSLB application process, you must be fingerprinted if you have not been fingerprinted by the CSLB before.

Your fingerprints will be compared to the records of the California Department of Justice and the Federal Bureau of Investigation. **If you have ever been convicted of a crime**, your criminal history information will be reported to the CSLB. This includes DUIs and other Vehicle Code violations resulting in a misdemeanor or felony conviction. Even if you have had your record expunged (charges reduced or dismissed), the past conviction will still be reported to the CSLB.

**If you have ever been convicted of a crime (felony or misdemeanor)** you **MUST** answer “Yes” to the criminal conviction question on the application and provide a detailed explanation of the circumstances resulting in your conviction. You must also provide certified copies of the arrest report and court records for each conviction.

Failure to do so is falsification of your application and is grounds for denial. This means you will be denied a license even if the conviction is not related to the duties or qualifications of a contractor. If your application is denied you will be prevented from filing another application for a minimum of one year.

Just because you have been convicted of a crime does not automatically mean your application will be denied. When reviewing criminal convictions, the CSLB considers factors such as the seriousness of the crime, the time that has passed since the conviction, and any evidence of rehabilitation the applicant submits.

**However, if you lie on your application by failing to disclose any and all convictions, your application will be denied.**

## Application to Report Current Officers of a Corporation

No fee is required.

Submit this form only if there has been a change in the officers currently shown on CSLB records, or if the title or residential address of an officer has changed.

To report a change of Responsible Managing Officer (RMO) or Responsible Managing Employee (RME), use form 13A-2a, Application for Replacing the Qualifying Individual.

If you have additional licenses with the same corporate registration number, complete a copy of this form for each license. All licenses using the same corporate number must show the same corporate officers.

To report the disassociation of an RMO or RME, submit form 13M-5, Disassociation Notice.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

1. BUSINESS NAME (as it currently appears on CSLB records)		2. LICENSE NUMBER	3. CORPORATE NUMBER
4. BUSINESS MAILING ADDRESS    number/street or P.O. box    city    state    ZIP code			
5. BUSINESS STREET ADDRESS (REQUIRED OR APPLICATION WILL BE RETURNED)    city    state    ZIP code			
6. BUSINESS PHONE NUMBER (       )	BUSINESS FAX NUMBER (       )	BUSINESS E-MAIL ADDRESS	

7. The following must be completed for all NEW CORPORATE OFFICERS who will be added to the license. If you need more space to list new officers, see page 4. Show the full legal name with no initials (if the legal name contains initials only, say so). P.O. boxes, PMB, General Delivery, and RT are not acceptable for residential addresses. (To remove an officer from the license or to change a current officer's title see page 3.)

NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS	number/street	city	state	ZIP code	Residence phone number (      )	CORPORATE TITLE
NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS	number/street	city	state	ZIP code	Residence phone number (      )	CORPORATE TITLE
NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS	number/street	city	state	ZIP code	Residence phone number (      )	CORPORATE TITLE
NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS	number/street	city	state	ZIP code	Residence phone number (      )	CORPORATE TITLE
NAME	last	first	full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS	number/street	city	state	ZIP code	Residence phone number (      )	CORPORATE TITLE



**Application to Report Current Officers of a Corporation, Continued**

Questions 8 through 11 pertain to everyone listed on this application; if "yes" is checked, the person involved must attach a detailed explanation.

8. Are there currently any unpaid due bills or claims for labor, materials, or services as a result of any construction work undertaken by you or any contractor entity for which you were, or are currently, an officer, director, partner, qualifying individual or responsible managing employee?  
☐ yes ☐ no

9. Has anyone listed on this application (or any company the person was part of or any immediate family member of the applicant) ever received a citation from the Contractors State License Board? Ever had a contractor's license or other professional or vocational license denied, suspended, or revoked by this state or elsewhere? (Check "no" if the license was suspended due to lack of: a bond; workers' compensation; a qualifier; or family support.)  
☐ yes ☐ no

If you checked "yes," attach a detailed statement explaining the events leading to this action.

10. Is anyone on this application (or any company the person was a part of, or any immediate family member of the applicant) named in or responsible for any entered and unsatisfied judgments, liens, and/or claims against any bond or cash deposit pertaining to a construction project? (*Immediate family is defined by Business & Professions Code Section 7075.1 as a spouse, brother, sister, son, daughter, stepson, stepdaughter, grandson, granddaughter, son-in-law, or daughter-in-law.*)  
☐ yes ☐ no

If you checked "yes," attach a statement identifying all judgments (pending or on record), liens, past due unpaid bills, claims, or suits and a detailed explanation of the situation. Include the names and addresses of the parties involved. If the obligation was or is being discharged in bankruptcy, attach a copy of the bankruptcy filing and a copy of the creditors list.

11. Has anyone listed on this application ever been convicted of any offense(s) (other than minor traffic violations) in this state or elsewhere?  
☐ yes ☐ no

If you checked "yes," disclose all convictions, including violated law sections, and thoroughly explain the acts or circumstances which resulted in conviction. Additionally, be sure to include the following: dates of the convictions; county and state where the violations took place; name of the court; court case numbers; sentences imposed; jail/prison terms served; terms and conditions of parole or probation; parole or probation completion dates; and parole agent/probation officer names and phone numbers. You are required to provide all of this information even if the conviction was sealed or expunged under Penal Code Section 1203.4 or an applicable code of another state. **Failure to report a conviction is considered falsification of your application and is grounds for denial of your application. The information provided will be verified through the Board's fingerprinting requirements.**

12. **The following certification must be completed and signed by an officer currently shown on CSLB records, and by every new officer of the corporation listed in Section 7 of this application.**

On \_\_\_\_\_ at \_\_\_\_\_ ,  
DATE CITY/COUNTY/STATE

I/we certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I/we have reviewed the entire contents of this application. (*The definition of "perjury" is telling a lie while under oath.*)

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_

13. **TO REMOVE CORPORATE OFFICERS** from the license, complete the information below:

FULL LEGAL NAME OF OFFICER	CORPORATE TITLE	SOCIAL SECURITY NUMBER

14. **TO REPORT CHANGES TO CORPORATE TITLES** for officers already listed on the license, complete the information below:

FULL LEGAL NAME OF OFFICER	NEW CORPORATE TITLE	SOCIAL SECURITY NUMBER

#### Notice on Collection of Personal Information

With the exception of driver license numbers, all information requested is mandatory, including disclosure of your social security number. Collection of social security numbers is authorized by Business & Professions Code Section 30 and Public Law 94-455 (42 U.S.C.A. 405(c)(2)(C)). Social security numbers are used exclusively for the purpose of tax enforcement and/or compliance with any judgment or order for family support in accordance with Family Code Section 17520. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board and they may assess a \$100 penalty against you. The official responsible for the maintenance of this information is the Registrar of Contractors, Contractors State License Board. The information may be transferred to other state or government agencies. Individuals have the right to review files or records about them maintained by the agency, unless the records are identified as confidential information and exempted by the Information Practices Act, Section 1798.3.

CSLB collects the personal information requested on this form as authorized by B&P Code § 30 and CCR 816. CSLB uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider your application for licensure or renewal unless you provide all of the requested information. You may review the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. We make every effort to protect the personal information you provide us, however it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act; to another government agency as required by state or federal law; or in response to a court or administrative order, a subpoena, or a search warrant. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 400 R Street, Sacramento, CA 95814, or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).

### Section 7, Continued, for Additional Officers

NAME last first full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS number/street city state ZIP code		Residence phone number ( )	CORPORATE TITLE

NAME last first full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
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NAME last first full middle name	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER LICENSE #
RESIDENCE ADDRESS number/street city state ZIP code		Residence phone number ( )	CORPORATE TITLE

On \_\_\_\_\_ at \_\_\_\_\_ ,  
DATE
CITY/COUNTY/STATE

I/we certify under penalty of perjury under the laws of the State of California that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I/we have reviewed the entire contents of this application.

Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____
Signature _____	Print name _____